

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 616601

**Entity Name:** MALONE AUTO PARTS, INC.

**Current Principal Place of Business:**

5407 10TH ST  
5407 TENTH ST  
MALONE, FL 32445

**Current Mailing Address:**

P.O. BOX 490  
MALONE, FL 32445 US

**FEI Number:** 59-1901143

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MILLER, JAMES RAY  
1 NINTH AVE  
MALONE, FL 32445 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MILLER, JAMES RAY  
Address 5391 10TH ST  
City-State-Zip: MALONE FL

Title D  
Name MILLER, JILL  
Address 5391 10TH ST.  
City-State-Zip: MALONE FL 32445

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JAMES MILLER

PD

04/12/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date